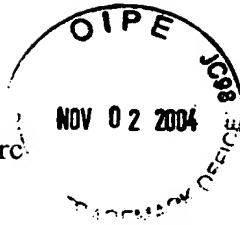


DOCKET NO.: 206253US3PCT/trc



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: Nichimu INADA, et al.

SERIAL NUMBER: 09/830,560

GROUP: 3764

FILED: May 7, 2001

EXAMINER: THANH, Quang D.

FOR: MASSAGING APPARATUS HAVING PIVOTALLY SUPPORTED SUPPORTING
ARM WITH THERAPEUTIC MEMBER

TRANSMITTAL OF SUPPLEMENTAL APPLICATION DATA SHEET

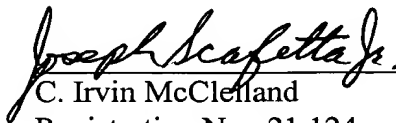
MAIL STOP ISSUE FEE
COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA, VA 22313-1450

SIR:

Attached herewith is a Supplemental Application Data Sheet in order to correct the
foreign priority information.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.


C. Irvin McClelland

Registration No. 21,124

Joseph Scafetta, Jr.
Registration No. 26,803

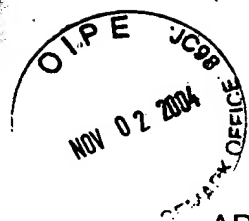
Zachary S. Stern

Registration No. 54,719

Customer Number

22850

Tel. (703) 413-3000
Fax. (703) 413-2220
(OSMMN 05/04)



SUPPLEMENTAL APPLICATION DATA SHEET

APPLICATION INFORMATION

| | |
|--------------------------|--|
| Application Number:: | 09/830,560 |
| Application Date:: | 05/07/01 |
| Application Type:: | REGULAR |
| Subject Matter:: | UTILITY |
| CD-ROM or CD-R?:: | NONE |
| Title:: | MASSAGING APPARATUS HAVING PIVOTALLY SUPPORTED SUPPORTING ARM WITH THERAPEUTIC MEMBER |
| Attorney Docket Number:: | 206253US3PCT |
| Total Drawing Sheets:: | 66 |
| Small Entity?:: | NO |

INVENTOR INFORMATION

| | |
|--|--|
| Applicant Authority Type:: | INVENTOR |
| Primary Citizenship Country:: | Japan |
| Status:: | FULL CAPACITY |
| Given Name:: | Nichimu |
| Family Name:: | INADA |
| City of Residence:: | Osaka-shi |
| State or Province of Residence:: | Osaka |
| Country of Residence:: | Japan |
| Street of Mailing Address:: | c/o Family Kabushiki Kaisha, 17-26, Higashi-nakajima 1-chome, Higashi- yodogawa-ku |
| City of Mailing Address:: | Osaka-shi |
| State or Province of Mailing Address:: | Osaka |
| Country of Mailing Address:: | Japan |

| | |
|--|--|
| Applicant Authority Type:: | INVENTOR |
| Primary Citizenship Country:: | Japan |
| Status:: | FULL CAPACITY |
| Given Name:: | Hideshi |
| Family Name:: | KONDO |
| City of Residence:: | Osaka-shi |
| State or Province of Residence:: | Osaka |
| Country of Residence:: | Japan |
| Street of Mailing Address:: | c/o Family Kabushiki Kaisha, 17-26, Higashi-nakajima 1-chome, Higashi- yodogawa-ku |
| City of Mailing Address:: | Osaka-shi |
| State or Province of Mailing Address:: | Osaka |
| Country of Mailing Address:: | Japan |
| Applicant Authority Type:: | INVENTOR |
| Primary Citizenship Country:: | Japan |
| Status:: | FULL CAPACITY |
| Given Name:: | Yasuo |
| Family Name:: | FUJII |
| City of Residence:: | Osaka-shi |
| State or Province of Residence:: | Osaka |
| Country of Residence:: | Japan |
| Street of Mailing Address:: | c/o Family Kabushiki Kaisha, 17-26, Higashi-nakajima 1-chome, Higashi- yodogawa-ku |
| City of Mailing Address:: | Osaka-shi |
| State or Province of Mailing Address:: | Osaka |
| Country of Mailing Address:: | Japan |

Applicant Authority Type:: INVENTOR
 Primary Citizenship Country:: Japan
 Status:: FULL CAPACITY
 Given Name:: Koji
 Family Name:: GOTO
 City of Residence:: Osaka-shi
 State or Province of Residence:: Osaka
 Country of Residence:: Japan
 Street of Mailing Address:: c/o Family Kabushiki Kaisha, 17-26,
 Higashi-nakajima 1-chome, Higashi-
 yodogawa-ku
 City of Mailing Address:: Osaka-shi
 State or Province of Mailing Address:: Osaka
 Country of Mailing Address:: Japan

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

DOMESTIC PRIORITY INFORMATION

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|-------------------|----------------------|----------------------|
| This Application | National Stage of | PCT/JP00/05808 | 08/28/00 |

FOREIGN PRIORITY INFORMATION

| Application Number: | Country:: | Filing Date:: | Priority Claimed:: |
|---------------------|-----------|---------------|--------------------|
| 11-255930 | Japan | 09/09/99 | YES |
| 11-304069 | Japan | 10/26/99 | YES |
| 11-304070 | Japan | 10/26/99 | YES |
| 2000-8358 | Japan | 01/17/00 | YES |
| 2000-56185 | Japan | 03/01/00 | YES |
| 2000-163289 | Japan | 05/31/00 | YES |

ASSIGNMENT INFORMATION

Assignee Name:: Family Kabushiki Kaisha
 Street of Mailing Address:: 17-26, Higashi-nakajima 1-chome
 Higashi-yodogawa-ku
 City of Mailing Address:: Osaka-shi
 State or Province of Mailing Address:: Osaka
 Country of Mailing Address:: Japan